



Docket No. 41426-FA-PCT-US/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ron S. Israeli et al.

Serial No. : 10/751,346 Examiner: Lei Yao

Filed : January 2, 2004 Group Art Unit: 1642

For : PROSTATE-SPECIFIC MEMBRANE ANTIGEN AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: February 2, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	9	* 9 =	*** 0 X	\$25	\$50	=	0.00
Independent Claims	1	** 1 =	*** 0 X	\$100	\$200	=	0.00
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0.00
				TOTAL ADDITIONAL FEE \$ 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

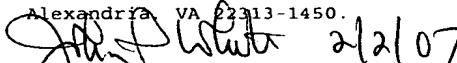
- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ 180.00 included)
 A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time
 Other (identify): _____

THE TOTAL FEE DUE IS \$ 690.00.

- A check in the amount of \$ 690.00 is enclosed.
 Please charge Deposit Account No. _____ in the amount of
\$ _____.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
 John P. White Date Reg. No. 28,678	